For information regarding this scope of practice, please contact: Carolyn Britten, MD, Program Director, (843) 792-4271, britten@musc.edu
Hematology/Oncology Fellowship Program

PGY-4

During the PGY-4 year, fellows are to gain a base experience with all phases of hematology and oncology including: non-neoplastic hematology, hematologic malignancies, bone marrow transplantation and solid tumor oncology. This year is primarily clinical, although may be modified to fit individual needs.

- Fellows spend up to four months on non-neoplastic hematology rotations, which include the MUSC Consultation Service and/or rotations including activities in transfusion medicine, coagulation, hematologic pathology or apheresis. On the MUSC Consultation Service, first year fellows are responsible for the evaluation of the inpatients for which hematology and /or oncology consultation has been requested. In collaboration with the supervising attending physician, the consult report is prepared and the fellow communicates with the requesting physician(s) as appropriate. For the consult patient who requires a specialty procedure, such as a bone marrow aspirate and biopsy, the consult fellow is responsible for coordination and performing the procedure and communicating the results (all is supervised by the attending physician).

- Fellows spend four to five months on the inpatient services including two - three months on the Hematologic Malignancies and two - three months on the Solid Tumor Oncology Service. Fellows make decisions regarding diagnostic and therapeutic management as his or her knowledge and experience permit, with the help and guidance of the attending physician. Fellows also work in collaboration with nurse practitioners and physician assistants and supervise PGY 1 – 3 residents. Care of the patients include:
  - Preparation, or supervision thereof, of a written admission history and physical examination and daily progress notes for all patients on the inpatient services.
  - Entering patients into clinical trials, obtaining informed consent for treatment, and writing chemotherapy orders in keeping with training and as supervised by attending physicians, as well as discussing them with the housestaff and nurses.
  - Fellows round every morning with the attending physician and the housestaff team.

- Fellows spend up to four months in solid tumor oncology clinics, covering the major tumor types, including: prostate, lung, breast, colorectal and upper GI malignancies. Responsibilities for outpatient care include initial and follow-up evaluations, development of treatment recommendations, and
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documentation in a timely fashion in the electronic medical record. Fellows implement diagnostic and treatment plans, after discussion with and approval by the attending physicians. On average, four patients are initially seen in each half day clinic, with seven half day clinics per week. As time progresses, patient numbers increase.

- First year fellows have at least one continuity clinic weekly. Duration of this clinic is for a minimum of six months and may include non-neoplastic hematology, malignant hematology and solid tumor oncology. Fellows have continuing responsibility for patients in their longitudinal clinics at the Hollings Cancer Center and serve as the primary physician whenever possible. Fellows’ responsibilities for outpatient care include initial and follow-up evaluations, development of treatment recommendations. Fellows implement diagnostic and treatment plans, after discussion with and approval by the attending physicians. On average, at least four patients are seen in each half day clinic initially. As time progresses, patient numbers increase.

- An elective month may be provided. During this month, fellows will be encouraged to spend time in research laboratories or working on clinical studies.

- Night, weekend, and holiday on-call coverage for Division patients and for emergency consultations are the responsibility of an attending physician and inpatient services, MUSC Consult Service and the VA General Fellow.

- Responsibilities may change as determined by fellow needs and educational opportunities.

- Research projects are to be initiated/completed as supervised and assisted by the Mentor and Fellowship Mentoring Committee.
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PGY-5

During the PGY-5 year, fellows should expect to complete the required clinical rotations to meet board eligibility and to function with less guidance from attending physicians. Fellows pursuing a laboratory investigator track begin their laboratory work and fellows pursuing the clinical trial investigator track will finish the clinical trial preparation and initiate it, along with continuing to gain purposeful clinical experiences. Fellows pursuing a career track of clinical educator/clinical trialist will continue with a year that is primarily clinical.

- Each second year fellow in the Division of Hematology/Oncology spends two months on the Hem/Onc inpatient/consultation service at the Ralph H. Johnson VA Medical Center with responsibilities similar to those of the first year fellow assigned to the inpatient and consult services at MUH, except for progression in independence.
  - Rounds are made daily with the subspecialty attending physician, and supervised care is provided for inpatients and for inpatient consultation patients.
  - There is participation in the weekly non-longitudinal VA Hematology & Oncology Clinics. Fellows’ responsibilities are essentially the same as in the longitudinal clinics except that the VA fellow is expected to handle matters of post-encounter care (e.g., following up on diagnostic tests).

- Each second year fellow will also have up to three months on the inpatient service, one month participation on the Bone Marrow Transplant Service and one month on the Solid Tumor Oncology or Hematologic Malignancies Service.

- Each second year fellow has at least one month of solid tumor oncology clinic rotations in order to complete their board requirement. Responsibility level is to increase and, on average, six to eight patients will be seen per half-day clinic, with at least six half-day clinics per week.

- One month may be spent on the MUSC Consult Service.

- Training in the management of ambulatory cancer patients continues throughout the second fellowship year with continued participation in weekly longitudinal clinics with increasing levels of independence.

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On average, at least six patients will be seen per half day clinic.

- Fellows pursuing the clinical investigator track and the clinical educator/clinical trialist track will select elective clinical rotations in conjunction with the advice of their mentors, the program director and the assistant program director(s). These may include any of the above noted rotations, the outpatient BMT clinic, or other hematology and oncology related fields as approved by the program director.

- Night, weekend, and holiday on-call coverage for Division patients and for emergency consultations are the responsibility of an attending physician and inpatient services, MUSC Consult Service and the VA General Fellow.

- Responsibilities may change as determined by fellow needs and educational opportunities. Depending on these, activities described for PGY-4 and PGY-5 may be interchanged.

- Research projects are to be completed as supervised and assisted by the Fellowship Research Committee.
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PGY-6

During the PGY-6 year, fellows pursuing the laboratory investigator track will continue with laboratory activities under their mentor. Their required clinical activities will consist of one half day continuity clinic, seeing six to eight patients on average weekly. Clinical investigator track PGY-6 fellows may elect to focus their continuity clinic in their area of clinical research, as approved by their mentor and the program director.

• Third year fellows will have continued continuity clinic for the entire year. For fellows pursuing the clinical educator/clinical trialist track, the longitudinal clinic will be the VA longitudinal clinic and will consist of two half day clinics. Six to eight patients will be seen per half day. Increasing responsibility for treatment planning, monitoring of symptoms and care of the patient throughout the week will be expected as the year progresses.

• Fellows pursuing the clinical investigator track, and those pursuing the clinical educator/clinical trialist track, will elect additional elective rotations in conjunction with the advice of their mentors, the program director and the assistant program director(s). These may include any of the above noted rotations, the outpatient BMT clinic, or other hematology and oncology related fields as approved by the program director.

• Night, weekend, and holiday on-call coverage for Division patients and for emergency consultations are the responsibility of an attending physician and inpatient services, MUSC Consult Service and the VA General Fellow.

• Responsibilities may change as determined by fellow needs and educational opportunities.

• Research projects are to be completed as supervised and assisted by the Mentor and the Fellowship Mentoring Committee

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